

MICHIGAN PHYSICAL THERAPY ASSOCIATION

1390 Eisenhower Place, Ann Arbor, Michigan 48108

Phone: (800) 242-8131 or (734) 929-6075 (Local) – Fax: (734) 677-2407 – mpta@mpta.com – www.mpta.com

June 16, 2011

To: Michigan House Health Policy Committee Members:

G. Haines	M. Shirkey	T. Stallworth
M. Callton	T. Hooker	G. Darany
P. Opsommer	M. Huuki	K. Segal
K. Kurtz	P. Muxlow	J. Womack
W. Schmidt	K. Yonker	M. Hovey-Wright
P. Scott	L. Liss	

Re: Support HB 4603 - Direct Consumer Access to Physical Therapy

The Michigan Physical Therapy Association (MPTA) urges you to SUPPORT HB 4603 which provides for direct consumer access to physical therapy services in Michigan.

Michigan is one of only 4 states that deny consumers access to physical therapist services without a physician's referral.

The Direct Access Map shows that 46 states plus the District of Columbia allow citizens to seek care from a licensed physical therapist without the cost, inconvenience and delay of seeking a prescription from a physician first.

No state that has enacted a direct consumer access law has ever repealed it.

Across the country, there are some differences in direct consumer access statutes in those 47 jurisdictions. In states that do have provisions associated with direct consumer access, two common provisions are currently in the Michigan Public Health Code and remain in HB 4603.

Those provisions include (1) that the physical therapist must refer to another health care provider if the patient's needs are outside the scope of practice of the physical therapist or the patient does not demonstrate progress in a reasonable period of time and (2) that physical therapists do not establish a medical diagnosis or practice medicine.

Both these provisions are already in the Michigan Public Health Code - Part 178 Physical Therapy and remain in HB 4603. House Bill 4603 states:

- "A physical therapist shall refer a patient to AN APPROPRIATE health care professional if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of practice of physical therapy." Sec. 17824 (1) HB 4603, Page 3, lines 14 - 18.
- "Practice of physical therapy does not include the identification of underlying medical problems or etiologies, establishment of medical diagnoses, or the prescribing of MEDICAL treatment." Sec. 17801 (d). HB 4603, Page 2, lines 13-16.

This is an overview of Direct Consumer Access to Physical Therapy Services statutes in the USA:

- 17 jurisdictions have unlimited direct access with no additional provisions.
- 15 jurisdictions have a time limit for direct access (30 days in 10 states, 60 days in 2 states, 90 days in 3 states). A referral, prescription or consultation (verbal or written) is required after that time frame.

- 11 jurisdictions require a referral to a physician if no progress is achieved or the patient problem is outside the physical therapy scope of practice. This is similar to what is already exists in the Michigan Public Health Code Part 178 Physical Therapy, MCL 333.17824.
- 8 jurisdictions have experience requirements (typically 1 - 2 years).
- Several other states have miscellaneous provisions

HB 4603 does NOT expand the scope of practice of the physical therapist.

The MPTA simply seeks equity with the other health care providers (e.g. occupational therapists, chiropractors) and non-health care providers (massage therapists, personal trainers) who can see patients directly without needing a prescription from a physician.

Physical therapists (PTs) have always been and will remain part of the health care team which includes physicians. When injury or illness cause pain or impede movement, the physical therapist will evaluate the patient from a functional perspective including a history, review of systems, and examination. The physical therapist is fully educated to refer a patient back to the physician when the patient's problems are outside the scope of practice of physical therapy and are required to do so under current state law. HB 4603 will not change the requirement to refer.

PT prescriptions from physicians are open ended because physical therapy treatment changes as the patient's musculoskeletal system improves.

When a physician writes a prescription for a medication, it is precise and documents specific instruction. Conversely, when a physician writes a prescription for physical therapy, it often simply states "physical therapy" or "evaluate and treat."

The PT prescription is written in an open fashion because the PT needs to evaluate the patient, assess the musculoskeletal system to determine the nature of the problem, assess that specific patient's response to therapeutic intervention, and change the treatment approach as the patient progresses. During the entire episode of care, the treatment focus remains on eliminating pain and restoring movement. Physical therapy services simply do not require specific instructions from the physician to keep the patient safe. HB 4603 does not preclude the physician from offering those specific recommendations when appropriate either.

Professional liability insurance does not change in direct consumer access states.

The largest provider of professional liability insurance for physical therapists, physical therapist assistants and students is the Healthcare Providers Service Organization (HPSO). They insure over 85,000 PTs, PTAs and students. Direct access is not a risk factor for HPSO; they do not charge a premium differential for PTs in direct access states, nor is there any difference in the average loss experience in states with direct access.

Utilization management systems for PT services have been in place for decades.

Health insurance companies (commercial, Medicare/Medicaid, MI Workers Comp) have had robust systems in place for years to ensure that the right type of PT treatment and the right amount of PT treatment are provided.

Systems include but are not limited to: requiring pre-authorization prior to initiating physical therapy services, mandating compliance to case management protocols to continue to treat the patient, justifying outlier cases to continue to provide care, having caps in place with regard to the number of PT visits or dollars spent for PT services, etc. These systems do not involve the physician or the physician's prescription for physical therapy services, nor does HB 4603 preclude a third party payer requirement for a physician referral.

In June 2010, the Medicare Payment Advisory Commission (MedPAC) reported that utilization of physical therapy services provided in physician offices was **higher** compared to those services

provided in other settings. While this study involves physician ownership / financial self interest issues, it does not support that physician oversight if an effective utilization management strategy.

Physical therapy services provided without a physician referral are being covered by insurance plans in most states with direct access.

In 1997, Mitchell and de Lissovoy reported on cost-effectiveness of direct consumer access to physical therapists. They found that costs incurred for PT visits were 123% higher when patients were first seen by a physician than when they went to a PT directly.

Physical therapists provide quality rehabilitative care that helps patients return to their normal lives and functional best.

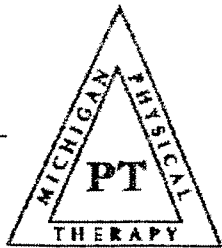
- HB 4603 will allow patients to seek physical therapy care more quickly by omitting the physician office visit with its associated cost and potential delay in getting care.
- PTs always have and will continue to practice with physicians and other healthcare professionals; the patient will remain the center of PT services.
- There has been no increase in malpractice claims in the 47 other jurisdictions that already allow consumers to seek PT services directly.
- The National Black Caucus of State Legislators (NBCSL) supports direct access to physical therapy services.
- HB 4603 will allow physical therapists in Michigan to have the same access to patients that chiropractors and occupational therapists already have. It will also allow PTs to have access to patients that non-medical providers such as massage therapists and personal trainers currently have. This removes an economic disadvantage that PTs face today.
- Michigan is a less desirable state for PTs to relocate to because of the unnecessary barriers to PT practice.
- Likewise, newly graduated PTs who have been educated at our Michigan universities also leave our state because of the unnecessary barriers to practice.
- Less PTs in Michigan mean less job opportunities and less access to health care services for the public.

SUPPORT HB 4603 - Direct Consumer Access to Physical Therapy Services in Michigan.

Sincerely,



Kathleen "Jake" Jakubiak Kovacek, PT
President - Michigan Physical Therapy Association



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To: Representatives Haines, Callton, Opsommer, Kurtz, Wayne Schmidt, Scott, Shirkey, Hooker, Huuki, Muxlow, Yonker, Liss, Stallworth, Darany, Segal, Womack, and Hovey-Wright

RE: Support HB 4603, Direct Consumer Access to Physical Therapy

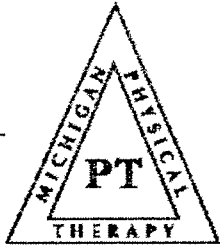
Dear Representative Haines and Members of the House Health Policy Committee,

Good Morning, my name is Michael Shoemaker, I am a physical therapist, an assistant professor of physical therapy at Grand Valley State University, and am the Legislative Director for the Michigan Physical Therapy Association. Thank you for the opportunity to speak before you this morning regarding House Bill 4603.

In Michigan, individuals seeking a variety of rehabilitation services may go directly to a chiropractor, an occupational therapist, or a massage therapist. Individuals with athletic injuries may go to see an athletic trainer without first seeing a physician. Individuals seeking advice about exercise, prevention, and wellness may go directly to see a personal trainer. It is therefore not clear to me why Michigan's consumers cannot seek treatment from a physical therapist, one of the most highly trained rehabilitation professionals, without first having to obtain a prescription from their physician.

The limited group of opponents of this legislation claim that permitting direct consumer access to physical therapy will result in patient harm and inappropriate utilization. Neither of these claims are true. There is in fact substantial evidence to the contrary and you have already been provided the long list of published research articles that refute their claims, which are nothing more than fear-mongering.

The political posturing of these opponents is unfortunate and reflects considerable disciplinary bias. Many members of the health care team are fully capable of making safe, effective, and meaningful contributions to patient care without direction from a physician. And, you should know that direct consumer access will not result in fragmentation of the health care team. One of the fundamental principles of health reform and the medical home concept is that it is patient-centered, not provider-centered. Health reform is about effective, efficient deployment of the health care team where providers practice at the full extent of their scope. This is especially critical in light of the projected primary care provider shortage. Physicians should not spend their time triaging common musculoskeletal problems. Michigan's current restrictions on physical therapist practice are not consistent with these health care reform principles and physical therapist practice in most states.



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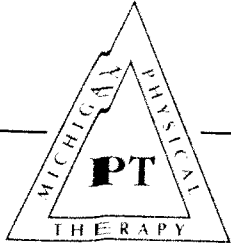
You should also know that over 220 students from Michigan physical therapist educational programs graduate every year with a Doctor of Physical Therapy degree. They, as have their predecessors with Bachelor's and Master's degrees, been trained to examine and evaluate patients to determine the nature or cause of the patient's problem and to ensure that the problem they are treating falls in within their scope of practice, and to make appropriate referrals back to the physician when necessary. These students, however, are told by the State of Michigan that they in fact are not trained to do that. They are told that they are a danger to patients if a physician does not tell them what to do and how to treat patients, even when that direction the majority of the time merely labels the body part to be treated with diagnoses such as "knee pain, evaluate and treat." Yet, these physical therapist students can go to work in 46 other states and have their training and skills recognized by being able to practice to the full extent of their training. Michigan can ill afford to lose any of its professional graduates during these hard economic times.

Regarding the impact on health care costs, it is understandable that there is a concern that direct consumer access could result in increased utilization, however, the evidence presented in the published literature and the experience of other states such as Arizona and health care systems such as the University of Pittsburgh is that there is actually a cost savings. And, third party payers already are fully empowered to and are currently using utilization control measures and may place restrictions on requirements for covered benefits. Furthermore, they are already empowered to do so by Section 333.17825 of the Michigan Public Health Code.

Therefore, on behalf of the Michigan Physical Therapy Association, I ask that you please vote on HB 4603 based on the facts. I ask that you please help position Michigan to better achieve health reform objectives. I ask that you help retain graduates of Michigan universities. And most of all, I ask that you please help Michigan not be last on yet another parameter against which we are compared to other states. Please support HB 4603.

Sincerely,

Michael J. Shoemaker, PT, DPT, PhD(c), GCS
Legislative Director
Michigan Physical Therapy Association



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Support HB 4603: Say YES to Direct Consumer Access to Physical Therapy Services in Michigan

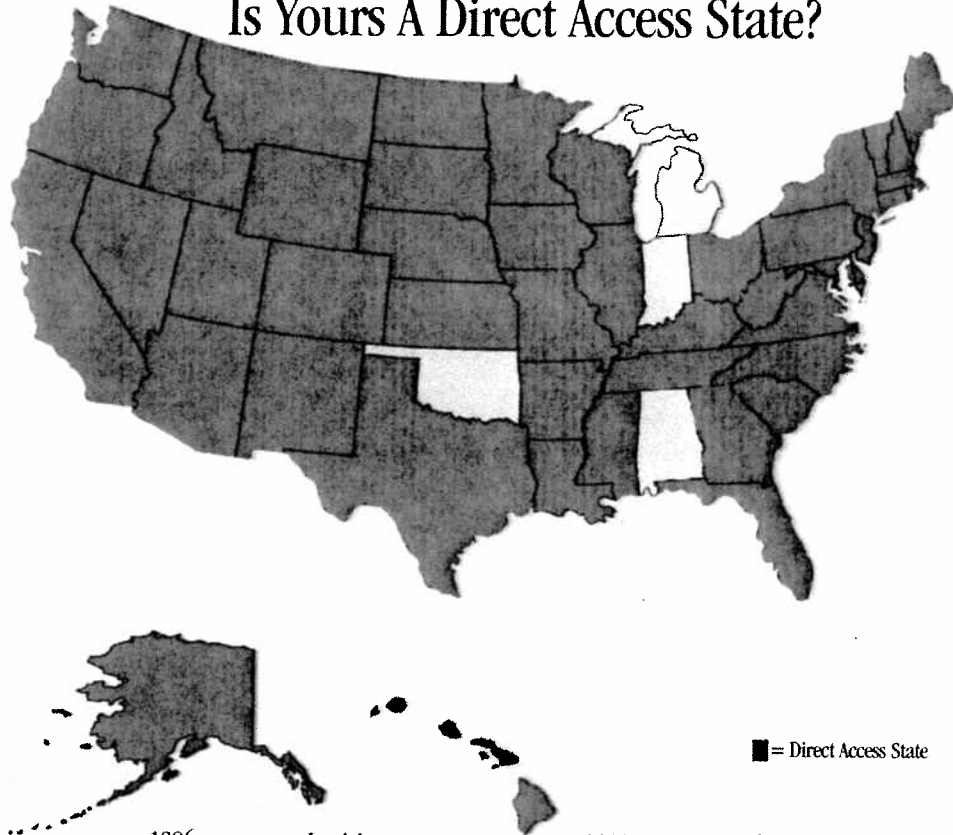
- **Michigan is one of only four states that continue to deny direct consumer access to the services of a physical therapist.** Forty-six (46) states, the District of Columbia, and the US military have granted consumers the freedom to seek physical therapy evaluation and treatment without a referral. No state that has enacted a direct consumer access law has ever repealed it.
- **The current referral mandate causes unnecessary delays in the provision of physical therapy to individuals who need it.** Delays in care result in higher costs, decreased functional outcomes, and frustration to patients seeking physical therapy treatment.
- **Direct consumer access saves money for both consumers and insurers.** A 1994 study on cost-effectiveness of direct consumer access to physical therapists found that costs incurred for physical therapy visits were 123% higher when patients were first seen by a physician than when they went to physical therapist directly. The total paid claims averaged \$2,236 for a physician referral episode as compared to \$1,004 when the patient was treated by the physical therapist without a physician referral.
- **Direct consumer access to physical therapy services is safe.** Physical therapists are trained to screen for signs and symptoms that might indicate a condition requiring the attention of a physician or other healthcare provider. In fact, HB 4603 would require a physical therapist to refer a patient to an appropriate healthcare provider when the patient's condition requires care beyond the scope of physical therapy. Furthermore, the leading provider of professional liability coverage for physical therapists does not charge higher premiums to physical therapists practicing in states with direct consumer access, because there has been no increase in risk or claims in those states.
- **Direct consumer access makes physical therapy services more accessible to more people.** By providing an additional entry point into the health care system, particularly in rural areas, direct consumer access results in more successful patient outcomes. Direct access also gives consumers of health care services the freedom of choice in selecting health care professionals.
- **Direct consumer access promotes preventative health care.** Physical therapists educate patients on how to avoid injury and re-injury during activities of daily living and recreation. Direct access also allows early intervention and on-site treatment of injuries in schools and industry. This decreases lost wages in industry because of fewer injuries and earlier return to work.
- **Graduating physical therapy students educated in Michigan (with Michigan tax dollars) are hesitant to practice in a state with such restrictive referral requirements.** When our graduates leave Michigan, our tax dollars are wasted and our economy is further damaged.
- **Michigan consumers can go directly to an occupational therapist or chiropractor to receive rehabilitative services, but cannot go directly to a physical therapist.** The prescription requirement for physical therapy services is arbitrary and limits consumers' choice of rehabilitation providers.

**Remove unnecessary barriers to safe and cost-effective
Physical Therapy services**

Please **SUPPORT** HB 4603

Direct Access Physical Therapist Services

Is Yours A Direct Access State?



Alaska	1986	Louisiana	2003	Ohio	2004
Arizona	1983	Maine	1991	Oregon	1993
Arkansas	1997	Maryland	1979	Pennsylvania	2002
California	1968	Massachusetts	1982	Rhode Island	1992
Colorado	1988	Minnesota	1988	South Carolina	1998
Connecticut	2006	Mississippi	2006	South Dakota	1986
Delaware	1993	Missouri	1999	Tennessee	1999
District of Columbia	2007	Montana	1987	Texas	1991
Florida	1992	Nebraska	1957	Utah	1985
Georgia	2006	Nevada	1985	Vermont	1988
Hawaii	2010	New Hampshire	1988	Virginia	2001
Idaho	1987	New Jersey	2003	Washington	1988
Illinois	1988	New Mexico	1989	West Virginia	1984
Iowa	1988	New York	2006	Wisconsin	1989
Kansas	2007	North Carolina	1985	Wyoming	2003
Kentucky	1987	North Dakota	1989		

Total=46 + DC

Your Constituents Deserve It.